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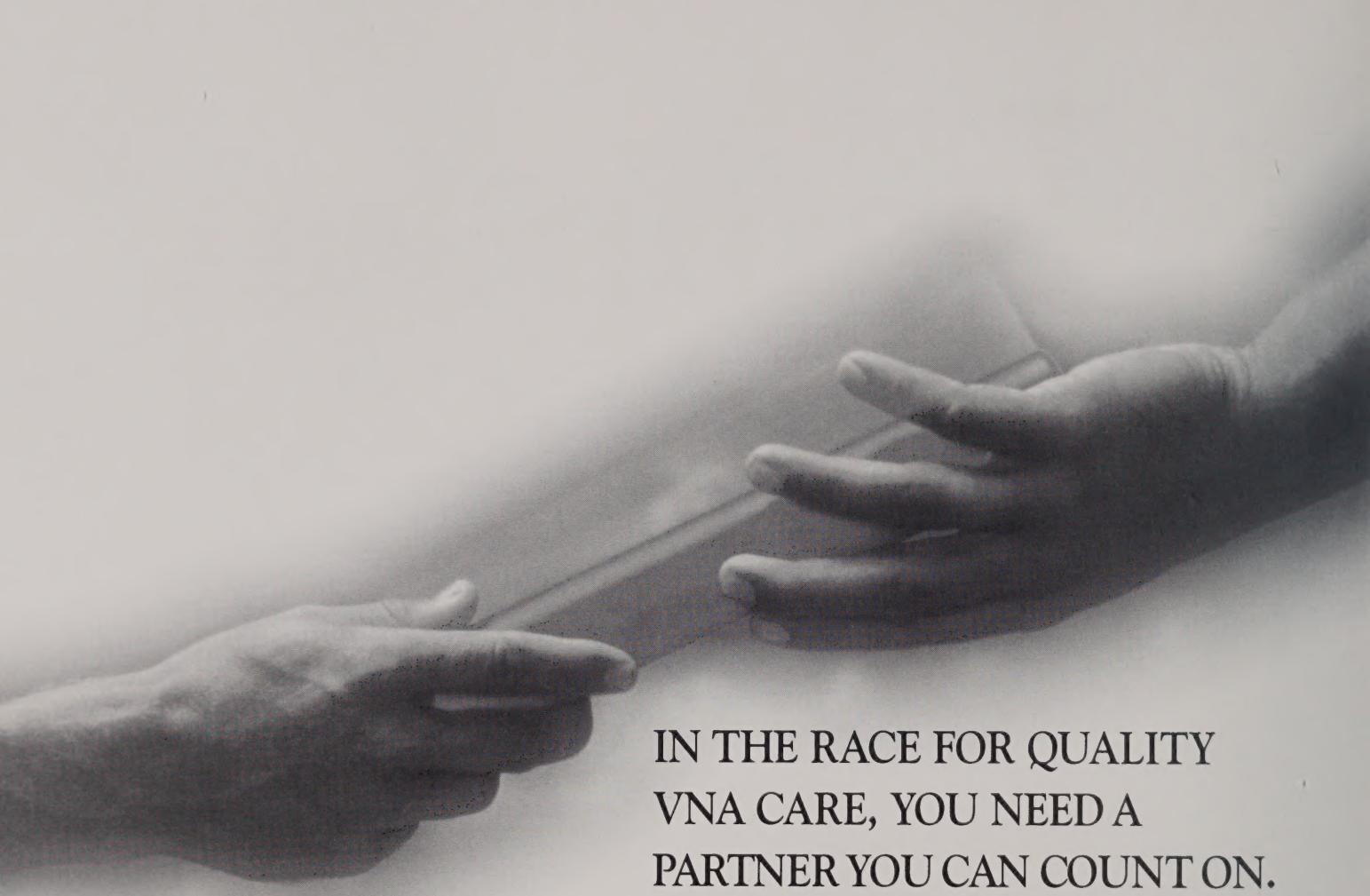

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THE HAMPDEN HIPPOCRAT · 1942 ·

Hampden Hippocrat

Spring 1998

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The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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HAMPDEN DISTRICT MEDICAL SOCIETY 1998-1999 SEASON

ANNUAL MEETING

PLACE: **THE DELANEY HOUSE**
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DATE: Tuesday, April 28, 1998
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BUSINESS MEETING: 6:00 p.m.

SOCIAL HOUR: 6:30 p.m.

DINNER: 7:00 p.m.

SPEAKER: Marcia Angell, M.D., Executive Editor
The New England Journal of Medicine

NOTE: If you must cancel your dinner reservation, please call the HDMS office before noon on April 28th. If the cancellation is not made, you will be BILLED for your dinner.

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I shall bring my spouse _____

I shall bring a guest (name) _____

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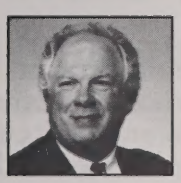

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From The Editor

Good news is hard to find, so we'll have to scrape the silver linings from all the clouds hovering over us as individuals and as a profession in order to have something to celebrate.

As one example, while we could not afford to continue the beautiful color photos on the Hippocrat's cover, those of us who have saved our autumn issues have a collector's item thanks to the award winning lensmanship of Dr. Norman Halpern, who took the photo.

Taxes haven't gone away either, but PIAM has contributed an overview of changes that might lighten our burden. Perhaps they will have more good news in the future.

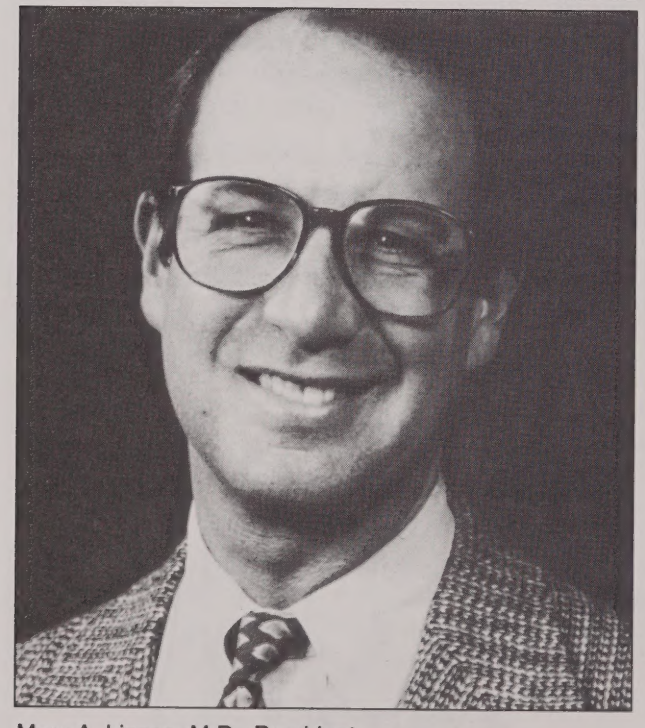
It finally looks like managed care is on the defensive, with multiple states legislating partial blocks to its high handed deconstruction of medical care, and then affording an opportunity, as Dr. Dickey pointed out, for physicians to reassert leadership and change clients back to patients. ■

Dennis S. Gordan, M.D.
Editor

"Our Children"

What do we tell our children?

For one of our children deciding whether to be a doctor or not, times have sure changed. No longer is the decision treated with awe and respect, for the idealism and sacrifice we know is ahead, no longer are they welcome to the profes-



Marc A. Linson, M.D., President

sion as junior members of a special calling, but rather, we wonder where the idea could have come from, and suffer sad resignation at their prospective entry to a beleaguered field. And why not? What have they heard from us?

Do years of being witness take its toll of the coming home to a cold dinner amidst the wreckage of a family meal, throwing down the black bag and slumping morosely with disgust and despair and the remains of a day of being beat up by patients and insurance agents and the thousands of others maliciously stirring up medicine leave an impression? Don't children see this? Can they know what we once thought, and that the adventure of caring for the sick led us all into dark and mysterious and often wonderful places where we used our minds to their best to solve impossible problems and to see our friends and neighbors through life and limb. Can they know that once, before, we entered a fraternity so honored, so restricted that few of us could have imagined our luck at being there? As I was told, and knew, when I arrived for my first day of medical school sitting on the lawn in front of the Old Building at Georgetown, "relax, you're in heaven now". And I believed it!

We have all seen things not many are allowed to see, people at their very worst and people at their very best, dealing with the crises that define mortality, things no one else can get to the core of. Some of us have the indescribable joy of artistically putting the knife to our brethren and inserting our hands into their bodies for the benefit of their lives, recreating the body parts inside to our concept of God's intent.

It wouldn't seem odd if those around us at home missed the sharing of this honorable and reverent activity we routinely do, and if our children would not think much of medicine if all they got, long after dark, by a beaten-down parent was "O Lord, another tough day." ■

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MMS Interim 97 Report

Submitted by Claudia L. Koppelman, M.D.

Those delegates who were at the opening of the MMS Interim-97 House of Delegates held at The Hyatt Regency in Cambridge, Massachusetts on November 20th, 1997, were indeed fortunate to be present. They were privileged to hear an inspiring speech given by A.M.A. president-elect, Dr. Nancy Dickey, whose attendance was an unexpected honor.

"In order to help shape the future of our profession and the practice of medicine, we must work together at local, state, and national levels."

She had been a key speaker the day before at a conference sponsored by Physician Health Services and the Committee for Women in Organized Medicine, "The Changing Face of Medicine."

A schedule change offered her the opportunity to extend her Massachusetts visit specifically to address our delegates, and bring the AMA closer to the grassroots physician. Her message was straightforward. We need each other. In order to help shape the future of our profession and the practice of medicine, we must work together at local, state, and national levels. We can not do it alone, but by working together we a create powerful voice that is being heard advocating for our patients, physicians and for the entire profession of Medicine.

The delegates representing all 21 District Societies worked through more than 90 resolutions and reports which were supported, debated, revised, combined and substituted in reference committees the first day, with the final versions as recommended by the reference committees being presented for debate and vote on the floor of the House, Friday, November 21st, 1997.

By the time the last vote was taken 14 resolutions had been adopted, 32 were adopted as amended, 1 was referred to the Board of Trustees for Decision, 6 were referred to the Board of Trustees for Report back at Annual 1998, 1 for Report back at Interim 1998, and 2 were tabled.

Resolutions that are adopted provide policy and direction for the society's future focus. Important highlights include:

Conducting a public opinion survey of Massachusetts residents regarding legislation affecting confidentiality and privacy of medical records and using the results to educate legislators and to inform the media about the public's opinion. (111, I-97)

Call upon the Board of Medicine to immediately implement the proposed volunteer physician license. (209, I-97)

Adoption of AMA policy H.185.972 regarding Genetic Information and Insurance Coverage (102, I-97) and AMA policy E-2.132 regarding Genetic Testing by Employers (103, I-97) which included a resolve to promote the passage of legislation at state and Federal levels preventing employers from using genetic data to discriminate against employees.

Policies were established that addressed licensing and telemedicine (109, I-97), obtaining authority for publication of clarifying statements in physician profiles with reference to malpractice or disciplinary actions listed in physicians' profiles (203, I-97), streamlining the recredentialing process (205, I-97), Home health care (206, I-97), petitioning the Legislature and the Commissioner of Insurance to assure that Massachusetts licensed physicians after applying

for participating status with a third party payor be given immediate temporary participating status and reimbursement for services provided to "covered patients" until a final credentialing decision is rendered by the third party (211, I-97), managed care formularies (212, I-97), waiving MMS program fees (303, I-97) and more...

During the Annual Oration Luncheon, the Quit Smoking Poster Contest winners were recognized along with a slide presentation of their posters, (elementary grade children).

This was followed by the 1997 Annual Orator, Dr. Moses Judah Folkman, who presented an enlightening scientific talk, "Antiangiogenic Therapy". Research with clinical relevancy that captivated the audience's attention, this is the cutting edge of medicine.

The House of Delegates is where your voice is heard, your opinions are recognized and from where 'change' is initiated.

As a delegate, to participate and witness a process where one person with a vision can actually make a difference by simply submitting a resolution, is a credit to the democratic process and to the Massachusetts Medical Society's House of Delegates. The House was adjourned ending two days of deliberations, policy development, and 'time' spent with colleagues representing all specialties from cities and towns across the entire State whose common bond is a commitment to advocate for patients and our profession.

If anyone is interested in participating as a delegate, resolution sponsor, or would like further information with reference to MMS policies please contact any of your district officers, delegates or district exec. secretary, Carol Nystrom at HDMS (413) 736-0661. ■

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January Hampden District Medical Society Meeting Report

Dennis S. Gordan, M.D., Editor

Dr. Nancy Dickey, the first female president-elect of the A.M.A., addressed the Hampden District Medical Society at its January 27, 1998, dinner meeting at the Sheraton Springfield. The district membership was joined by dignitaries from the Massachusetts Medical Society including President Goroll, the A.M.A., Springfield Mayor Michael Albano, and the State Senators Knapik, Lees and Melconian, and State Representatives Hahn, Keenan, Murphy and Rogeness.

Dr. Dickey delivered a forceful state of the profession address, focusing on celebrating the science of medicine and reviewing basic values.

She noted that in the 20 years since she graduated, great strides have occurred. Medical science had made major transplantation a common strategy. A large proportion of medicines frequently used today (ACE inhibitors, statins, calcium channel blockers) were not available 20 years ago. Genetics is now beginning to yield treatment as well as diagnoses. The public have much to be thankful for in terms of quality and length of life, and physicians for the tools to serve their patients.

On the other hand, the moral apathy of the general public is forcing medicine to assess what it stands for, what it reveres, and where it is going. To address these questions, the A.M.A. has several initiatives.

Dr. Nancy W. Dickey addressing the H.D.M.S. January Dinner Meeting

"Dr. Dickey delivered a forceful state of the profession address, focusing on celebrating the science of medicine and reviewing basic values."

Last year the A.M.A. started the Ethics Institute with Dr. Linda Emanuel, from Massachusetts to work with the 150 year old Council on Ethical and Judicial Affairs on Managed Care and care at end of life initially, and genetics and professionalism.

The National Patient Safety Foundation, with representatives from the legal and nursing professions as well as the public and physicians, has begun to look at ways to improve safety, much as anesthesia complications have been drastically reduced over the last 10 years by a focused effort by anesthesiologists.

For these and similar safety programs to succeed, errors have to be found and investigated. In order to get physician confidence and cooperation, however, liability reform is needed. The

American Medical Accreditation Program (AMAP), is the A.M.A.'s answer to the problem of consolidating control of the processes of accreditation and evaluating environment of care within the profession, rather than allowing a multiplicity of payors and their agents to repeatedly raid physicians offices for similar information, as well as to raise the standards for accreditation.

The A.M.A. also has a division of Representation dealing with the issues raised by unionization through means other than unionization.

Dr. Dickey felt that today's unhappy state of affairs, with physicians, employers, and patients all increasingly dissatisfied with their options, represents a window of opportunity for physicians to take back control of the medical enterprise. After 40+ years of employers' providing medical benefits to employees in lieu of pay, it would be difficult for employers to simply renege on their obligations, but the obligation may devolve to a defined contribution by the employer with ownership by the employee.

Following her speech, Dr. Dickey answered several questions and accepted a token of appreciation from Marc Linson, M.D., president of H.D.M.S. ■

Representative Cele Hahn, one of several local politicians in attendance, and Dr. Dickey

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- reducing estate taxes, and protecting assets from creditors' claims?
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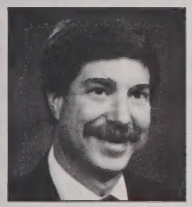

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Your Financial Check-Up - Tax Planning

First in a series of articles from PIAM Financial Services

How will the recently enacted Taxpayer Relief Act of 1997 - one of the largest in recent history impact *your* family and business?

This past summer, Congress picked up right where it left off in 1996: in an act of bipartisanship it passed, and the president signed into law, the **Taxpayer Relief Act of 1997** which provides Americans with some long-awaited tax breaks. Although the '97 Tax Act covers a wide spectrum of items here are some key provisions that may affect you.

- **More Options for your Retirement Savings.** Several new types of IRAs have been created and traditional IRAs now enjoy some added benefits. The new "Roth" IRA provides individuals with an opportunity for tax-free (as opposed to tax-deferred) accumulation and withdrawal. In addition, the new education IRA allows nondeductible annual contributions of up to $500 per child which also can accumulate and be withdrawn tax-free. Finally, for traditional IRA's the adjusted gross income (AGI) phase-out ranges have been increased and nonworking spouses may now be allowed to make deductible contributions irrespective of a working spouse's qualified plan participation.

In addition, the 15% excise tax on **excess accumulations and excess distributions** from qualified retirement plans was repealed. The Small Business Job Protection Act of 1996 had suspended the tax on excess distributions for tax years 1997, 1998 and 1999. Now, the new Tax Act eliminates both these taxes.

- **Relief for Families.** Beginning in 1998, families with children under the age 17 will be given a tax credit of $400 per child ($500 after 1998). However, the new child credit begins to be phased out when AGI exceeds $110,000 for joint filers ($75,000 for head-of household and $55,000 for married individuals filing separately). The credit is reduced in $50 increments for each $1000 exceeding the respective AGI phase out levels.

The Tax Act also creates measures to help ease the burden of financing higher education. Beginning in 1998, the Hope Scholarship Credit gives families a maximum tuition credit of $1,500 per year per student, 100% of the first $1000 of tuition, 50% of the second $1000 of tuition for the first two years of post-secondary education only.

Beginning in July 1998, the Lifetime Learning Credit gives a 20% credit toward the first $5,000 ($10,000 after 2002) of qualified education expenses (tuition and/or other educational expenses incurred to learn or improve job skills). This credit is available to college juniors and senior, graduate students, and working Americans.

- **Long-Term Investment Benefits.** Retroactive to May 7, 1997, the top capital gains tax rate has been reduced from 28% to 20%. However, the capital gains rate structure has also changed. The new 20% rate applies only to investments held longer than 18 months. Investments held from 12 to 18 months still incur the 28% rate. Investments held for less than 12 months are taxed at the taxpayer's ordinary income tax rate. Investments that are purchased after December 31, 2000 and held for at least five years are taxed only at 18%.

- **Home Sale Advantage.** For sales and contracts made after May 6, 1997, joint filing homeowners can exclude up to $500,000 ($250,000 for single taxpayers) of gain from the sale of a principal residence. The new rules allow this exclusion to be used every two years.
- **Easing Estate Taxes.** Beginning in 1998, the **unified credit** for estate and gift taxation will gradually increase until it reaches an exemption equivalent of $1,000,000 in 2006. After 1998, **the annual gift tax exclusion, the special-use valuation, and the generation skipping transfer tax (GSTT)** exemption will be adjusted for inflation.

The Taxpayer Relief Act of 1997 does provide some benefits for most Americans. However, it may take some time to evaluate precisely how effective these latest measures will be in easing tax burdens and will require individual attention because the new law will most certainly impact individuals differently. ■

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Public Health and Preventive Medicine Page

Francis J. Riley, M.D., for the Public Health Committee

As long as I can remember things medical, I have been personally interested in -- even fascinated by -- public health and preventive medicine. To me, the two fields have been either synonymous or at least joined. Meanwhile, the medical profession, meaning physicians and nurses, including me, has been chiefly occupied with the diagnosis and treatment of individual patients, either acutely or chronically ill. Our old friend and former Surgeon General of the USA extraordinaire, Dr. C. Everett Koop, has stated, possibly correctly, that "it is becoming common knowledge that we can no longer afford the rehabilitative and reparative medicine and surgery that has been our practice for the last three decades [and longer.] . . . we have become accustomed to the dramatic, life-saving miracles of high-tech medicine; but our greatest strides in prolonging life came not from medical miracles in the late 20th-century, but from public health accomplishments of the late 19th- and early 20th-centuries: vaccination and safer food, water, and housing." While that may sound like a public health overstatement, at first, as well as a diminution of the contributions of clinical medicine and surgery -- it is a position which practicing physicians and nurses should be aware of and consider before they accept it or reject it.

"the majority of deaths among Americans below age 65 are preventable, many through interventions best provided in a clinician's office"

It is interesting to find this 75-year-old (1923) definition of public health by the advocate, C.-E.A. Winslow: "Public health is the science and art of preventing disease, prolonging life, and promoting mental and physical health and efficiency through organized community efforts for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery to ensure to every individual a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity."

In this introduction to what I intend to be a regular "Page", I can do nothing better than offer my own review and recommendation of the book I regard as the most important, single, medical publication for practicing physicians since the previous first edition of the book in 1989. I refer to "Guide to Clinical Preventive Services", second edition, 1996, also known as the "Report of the U.S. Preventive Services Task Force". (USPSTF.)

The volume consists of 953-pages, plus six-tables of interventions considered and recommended for periodic health examination, with leading causes of death -- for 1.) birth to 10 years; 2.) ages 11-24 years; 3.) ages 25-64 years; 4.) age 65 and older; 5.) pregnant women; and 6.) conditions for which clinicians should remain alert (!)

The Task Force (USPSTF) of 10 members, plus a staff of 5, supervised the preparation and evaluation of preventive services for 70 different illnesses and conditions. There were as many as 53 diseases and disorders chosen for screening; 11 conditions for counseling preventives; and 6 categories of immunization and chemoprophylaxis.

Continued on page 14

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True Cost Effectiveness

Continued from page 12

According to the first edition of the book, "the majority of deaths among Americans below age 65 are preventable, many through interventions best provided in a clinician's office" -- a truly remarkable statement. Again in the second edition, "the leading causes of death are largely related to health-related behaviors - including tobacco-use, poor diet, lack of physical activity, and alcohol-use..." Further, it is important to note the "principal findings of the USPSTF: 1.) Interventions that address patients' personal health practices are vitally important. 2.) The clinician and patient should share decision-making. 3.) Clinicians should be selective in ordering tests and providing preventive services. 4.) Clinicians must take every opportunity to deliver preventive services, especially to persons with limited access to care. 5.) For some health problems, community-level interventions may be more effective that clinical preventive services."

It would appear especially obvious from those USPSTF conclusions that today's M.D.'s and R.N.'s must take a very different tack in their approach to medical care in order to conform with the recommendations. That is precisely what, to me, makes the "Guide to Clinical Preventive Services" so important and valuable to us physicians. ■

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Golan Healthcare Group
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Springfield, MA 01139

Born: October 29, 1957
Medical: Lokmanya Tilak Municipal Medical College, Bombay, India 1984
Internship: Long Island College Hospital, Brooklyn, NY 1990-1991
Residency: Lincoln Medical & Mental Health Center 1995-1997
Specialty: Internal Medicine

Lauri B. Meade, M.D.
Baystate Medical Center
Internal Medicine Clinic
140 High Street
Springfield, MA 01199

Born: September 9, 1965
Medical: University of California at San Francisco 1994
Internship: Yale New Haven Hospital, CT 1994-1995
Residency: Baystate Medical Center 1995-1997
Specialty: Internal Medicine

Stewart F. Babbott, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: September 14, 1958
Medical: Boston University School of Medicine 1987
Internship: University of Rochester School of Medicine 1987-1988
Residency: University of Rochester School of Medicine 1988-1990
Rochester General Hospital 1990-1991 (Chief Resident)
Fellowship: Johns Hopkins School of Medicine 1994-1996
Specialty: Internal Medicine

Kamal K. Kalia, M.D.
80 Congress Street
Springfield, MA 01104

Born: February 15, 1966
Medical: Boston University School of Medicine 1990
Internship: University of Pittsburgh Medical Center, PA 1990-1991
Residency: University of Pittsburgh Medical Center, PA 1991-1997
Specialty: Neurosurgery

Susan M. Szimonisz, M.D.
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: April 13, 1970
Premed: University of Rochester, NY 1992
Medical: State University of New York at Buffalo 1992-1996
Internship: Baystate Medical Center 1996-1997
Residency: Baystate Medical Center 1997-2000
Specialty: Internal Medicine/Pediatrics
Resident

Jose M. Vinagre, M.D.
Ludlow Medical Associates
185 West Avenue
Ludlow, MA 01056

Born: September 4, 1966
Medical: Boston University School of Medicine 1993
Internship: Baystate Medical Center 1993-1994
Residency: Baystate Medical Center 1994-1996
Specialty: Internal Medicine

SAVE THIS DATE

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Henry C. Lee, Ph.D.

Professor of Forensic Science

Speaking on:

The Latest Advances In Forensic Medicine, Including DNA Testing

April 23, 1998
Delaney house, Holyoke, MA

Cocktails: 6:00 p.m.
Dinner: 6:30 p.m.
Program: 7:30 p.m.

About out Speaker: Dr. Henry C. Lee is the Director of the Forensic Science Laboratory for the State of Connecticut. Dr. Lee is a noted authority and lecturer in the area of crime scene investigation and forensic science. He is a consultant to fire and police investigators, prosecuting and defending attorneys, the U.S. Department of Justice and the criminal justice departments of many colleges and universities. He has consulted and testified in numerous criminal cases, including the O.J. Simpson Trial in California.

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Enclosed is my check for registration in the amount of $_____

In Memoriam

Robert D. O'Malley, M.D., Dr. Robert D. O'Malley, 80, a well-known general surgeon in the Holyoke area for 36 years, died at his home in South Hadley on January 10, 1998. Born in Thompsonville, CT, he graduated from Trinity College in Hartford and from Columbia University College of Physicians and Surgeons in New York City.

Shortly after establishing his practice in Holyoke in 1950, he was a vocal delegate from the Hampden District at meetings of the Massachusetts Medical Society in the pre-Mass. Turnpike era.

He was Chief of Surgery at Holyoke Hospital from 1966 until 1971. He was active with the American Board of Surgery and the Northeast Medical Association. He founded and chaired the Holyoke Chapter of the American Cancer Society and published many articles in medical journals.

An outstanding athlete at Trinity College, he was named to the Sports Illustrated Silver Anniversary All-American Football team for significant achievement since graduation. In 1965, he was awarded the Butova Cup Western Massachusetts Chapter of the Football Hall of Fame.

He was a trustee of Trinity College and earned its Eigerbrodt Cup, the highest alumni award.

A Navy lieutenant in the Pacific Theater in World War II, he served as a Marine Combat Battalion Surgeon on Iwo Jima. He was awarded the Bronze Star, Purple Heart and two Presidential Citations.

He was instrumental in developing the Mt. Tom Ski Area and its medical director and a ski patrolman. With another ski-enthusiast physician, he co-authored the book "Ski at Any Age".

He was the instigator of "Friends of Rowing" which led to the addition of "Crew" as a sports activity at Mt. Holyoke College. He was active on the South Hadley 200th Anniversary Canal Committee and Chairman of the Citizen's Advisory Committee of the Mt. Tom State Reservation.

He leaves his wife of 55 years, Marie Louise (Pedeflous) O'Malley; four sons, Dr. Terrence A. O'Malley of Boston, R. Kevin O'Malley of Santa Monica, California, Sean E. O'Malley of Jackson, Wyoming, and Michael G. O'Malley of Park City, Utah; two daughters, Maril D. Richardson of Santa Rosa, California and Dr. Patricia J. O'Malley of Lincoln; and eight grandchildren.

At a memorial service at St. Paul's Episcopal Church in Holyoke on January 17, 1998, his six children and a representative of the grandchildren paid him a fitting tribute. ■

Samuel F. Potsubay, M.D.

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Post Polio Syndrome Documentary to Premier at Springfield College

"*Polio:* The Haunting Ghost," a documentary produced by polio survivor Carroll H. Dwyer III, will premier at Springfield College's Fuller Arts Center at 6:30 p.m. on March 9, 1998. Production of the documentary was made possible by a grant from the Springfield Cable Endowment, and the first showing is co-sponsored by the Rehabilitation Services Department of Springfield College. Several local physicians including physiatrists and neurologists are featured.

In order to attend, physicians are urged to contact Mr. Dwyer at 732-4895 or at pose@world-net.att.net by February 27, if possible. ■

Women Doctors Dinner

The next Women Doctors Dinner will be held on Thursday, April 30, 1998 at The Log Cabin Banquet & Meeting House in Holyoke, MA. Cocktails will be served at 6:30 p.m. with dinner beginning at 7:00 p.m. If interested in attending, or for further details, please contact Doctor Lucy Bayer at 413/784-3470.

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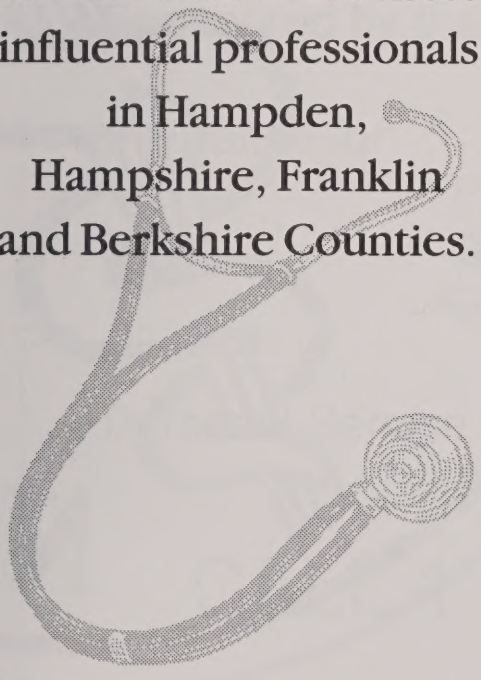

Contact:
Hampden District Medical Society
1111 Elm Street
West Springfield, MA 01089
Tel: 736-0661 • Fax: 731-8990

In Memoriam

Eber A. Wein, M.D., Dr. Eber A. Wein, 78, of 40 White Oaks Drive, Longmeadow, formerly of Agawam, died November 23, 1997 at Baystate Medical Center in Springfield. He was in private practice in Agawam from 1955 until retiring in 1981. He previously practiced in Chicago and did public health service on Indian reservations in Wyoming and Montana.

Born in Laconia, N.H., he graduated from the University of New Hampshire and Chicago Medical School. He was a volunteer at the neurological unit at Western Massachusetts Hospital. He was on the board of directors at Stavros in Amherst. He was a member of Mended Hearts, Owl Literacy Program and was an Ombudsman for Heritage Nursing Home under the Greater Springfield Senior Citizens Service. He was a member of Temple Beth El in Springfield.

His wife, Esther A. Wein, died in 1990. He leaves his wife, Beverly (Tillman) Wein; two sons, Bruce of Scarsdale, N.Y. and Alan of Jamaica Plains, Boston; a daughter, Sandra Halperin of Chestnut Hill and seven grandchildren.

The funeral was at Temple Beth El with burial in the Beth El Cemetery in West Springfield. The Harold R. Ascher and Son Memorial Chapel was in charge. Memorial contributions may be made to the Multiple Sclerosis Society of Massachusetts, Totten Pond Road, Waltham, 02205 or to Western Massachusetts Hospital Neurological unit, Westfield, 01085 or to Temple Beth El, 979 Dickinson St., Springfield 01108. ■

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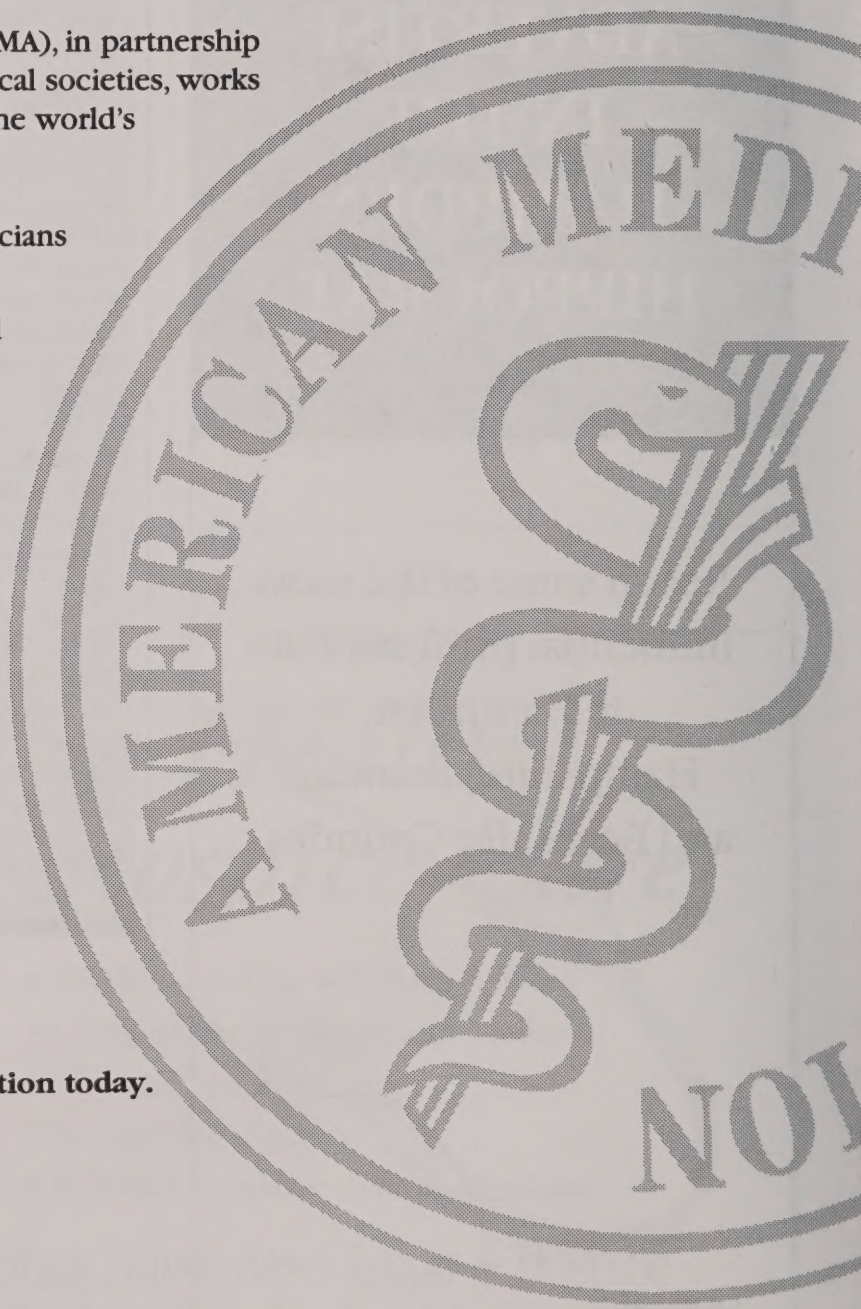

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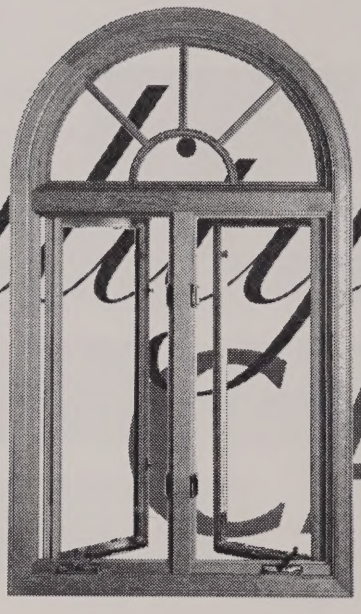

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